

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8421**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **12**

0427

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>HERERY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Calhoun Mo. 1</b>	
c. LENGTH OF STAY (In this place) <b>2 wks</b>		d. STREET ADDRESS (If rural, give location) <b>RR # 1 040</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DANIEL</b> b. (Middle) <b>C</b> c. (Last) <b>Houts</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 16 1950</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>AUG 23 1867</b>		9. AGE (In years last birthday) <b>82</b> if under 1 year: Months   Days   if under 6 mos: Hours   Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
13a. FATHER'S NAME <b>ALMA Houts</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH Kinyon</b>		14. NAME OF HUSBAND OR WIFE <b>SUSAN Houts</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Dan Houts Calhoun Mo</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia (Hypostatic)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Liver</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>15hA</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb 26**, 1950, to **Mar 16**, 1950, that I last saw the deceased alive on **Mar 16**, 1950, and that death occurred at **10:20A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Glenn West</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>3-18-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-19-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Calhoun Mo</b>	
DATE REC'D BY LOCAL REG <b>Mar 18 50</b>		REGISTRAR'S SIGNATURE <b>Flourence Adams</b>		422 25. FEDERAL DIRECTOR'S SIGNATURE <b>J E Conzelmann</b>		ADDRESS <b>Clinton Mo</b>	

RECEIVED

District Health Officer No. 7,

District File Number 2-50-2-

Date Filed 3-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. E. Couralun

Licensed Embalmer No. 1891

P. O. Address Clinton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.